



**Water Resources Program**  
**Application for New Water Progress Sheet**  
**WATER BUDGET NEUTRALITY**

☐ SURFACE WATER

☒ GROUND WATER

WR ID #: **5723157**

Application No. **G4-35608**

WRIA/COUNTY: **39 Kittitas**

Relates to: Roth-**Clennon** Water Bank  
CS4-01676sb5d@3 KITT-10-09  
Sub 5 Elk Heights - Priority: 06-30-1900

Applicant(s):	Contact(s) / Agent
JABRIDAN LLC (Dan E Sjolseth) 8122 Eastside Dr NE Tacoma WA 98422-1166 253.312.1928 dan@sjolseth.com	Pacific Groundwater Group Attn: Jill Van Hulle, Consultant 3130 60th Loop SE Olympia WA 98501-5367 360.413.1510 jill@pgwg.com

☐ ASSIGNED (SEE BACK OF PAGE)

Date Application received  
(Request for Determination of  
Water Budget Neutrality):

**April 15, 2013**

Initial fee rec'd:  
NOT REQUIRED

☐ Yes

☒ No

Additional fee: \$ \_\_\_\_\_ Date requested: \_\_\_\_\_ Date rec'd: \_\_\_\_\_

Returned for completion or correction: \_\_\_\_\_ Received: \_\_\_\_\_

**PUBLICATION:**

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ Date Notice sent: \_\_\_\_\_

Date Affidavit rec'd: \_\_\_\_\_ Checked by: \_\_\_\_\_ Amended Notice: \_\_\_\_\_

Protest period expires: \_\_\_\_\_

**PROTESTS:** Date: \_\_\_\_\_ By (name): \_\_\_\_\_

Date: \_\_\_\_\_ By (name): \_\_\_\_\_

**INTERESTED PARTIES:**

WDFW: \_\_\_\_\_ County DOH: \_\_\_\_\_ Tribes: \_\_\_\_\_

USBR: \_\_\_\_\_ State DOH: \_\_\_\_\_ Other: \_\_\_\_\_

**SEPA:** ☐ Yes ☐ No - Exempt

**EXAM:** Exam Date: \_\_\_\_\_ **WBN Letter/ROE Issued:** 7/31/13 Amended ROE Issued: \_\_\_\_\_

**PERMIT:** Permit Issued: \_\_\_\_\_ Super/Amended Permit: \_\_\_\_\_ Temp Permit: \_\_\_\_\_

**Beginning of Construction (BC):** Due date: \_\_\_\_\_

Date sent: \_\_\_\_\_ Date rec'd: \_\_\_\_\_

Extensions: \_\_\_\_\_

**Completion of Construction (CC):** Due date: \_\_\_\_\_

Date sent: \_\_\_\_\_ Date rec'd: \_\_\_\_\_

Extensions: \_\_\_\_\_

**Project Completion (PA):** Due date: \_\_\_\_\_

Date sent: \_\_\_\_\_ Date rec'd: \_\_\_\_\_

Extensions: \_\_\_\_\_

**Meter Installed:** ☐ Yes ☐ No Meter ID No. \_\_\_\_\_

**Proof Exam Required:** ☐ Yes ☐ No Date exam made: \_\_\_\_\_ By: \_\_\_\_\_

**APPROVED FOR CERTIFICATE:** ☐ Yes ☐ No

Cert. fee: \_\_\_\_\_ Date letter sent: \_\_\_\_\_ Date rec'd: \_\_\_\_\_ Date Certificate Issued: \_\_\_\_\_

TAX PARCEL ID: \_\_\_\_\_ Certificate No. \_\_\_\_\_